Form No. 1. (1) PLACE OF STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health Inc. Town of Registration District No. ... . Registered No. (For use of Local Reistrar) City of (No. . (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (2) Fall Name of Child. If child is not yet named, make supplemental report as directed (4) Twin BOY OR (5) Number in (7) DATE OF or Triclet? GIRL? order of birth Parents Married? (14) NAME BEFORE MARRIAGE PRESENT POSTOFFICE POSTOFFICE OF MOTHER OF FATHER COLOR (Years) RACE 12) BIRTEPLACE (18) BIRTHPLACE (13) OCCUPATION (20) Number of children born to (21) Number of children of this mother mother, including present birth now living, including present birth CERTIFICATE OF ATTENDING PHYSICIAN OR MODWIFE (22) I hereby certify that I attended the birth of this child, who was on the date above stated. (23) (Signature) titen name sided from a supplementel report (26) Witness (Signature of . 191 Registrar "When there was no attending physician or midwife, then the father, householder, etc. should make this refund. I a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

,ಿಂ

က်<sub>စ</sub>ိုင် ကိုဝ ၆

**့** ပွဲ ()

00